

# Emergency Management (DEM)



OFFICE OF THE CITY CLERK City and  
County of Honolulu Honolulu Hale  
Honolulu, Hawaii 96813-3077  
Telephone: 768-3810

**DISCLOSURE OF FINANCIAL INTERESTS**  
**PUBLIC DISCLOSURE FORM**

FOR CALENDAR YEAR 2015

RECEIVED  
CITY CLERK  
C & C OF HONOLULU

2015 DEC 30 AM 10:46

(PRINT OR TYPE CLEARLY)

NAME Melvin N. Kaku POSITION/ELECTIVE OFFICE Director

DEPARTMENT/AGENCY Emergency Management

NAME OF SPOUSE Floy S. Kaku

Check the appropriate box and fill in any applicable dates:

☐

**INITIAL STATEMENT:** Date on which you assumed office or began employment in this position \_\_\_\_\_. You must file within twenty (20) working days after this date disclosing financial interests held during the preceding calendar year.

☒

**ANNUAL STATEMENT:** You are required to file not later than January 31 of each year disclosing all financial interests held during the preceding year.

☐

**LEAVING OFFICE STATEMENT:** You are leaving or have left your office on \_\_\_\_\_ and must file a statement within ten (10) working days of that date. You must disclose financial interests held during the preceding calendar year.

☐

**CANDIDATE STATEMENT:** You must file no later than ten (10) working days after the deadline for filing as a candidate for office disclosing interests held during the calendar year preceding the due date of the statement.

**VERIFICATION**

I declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1 through 9, and to the best of my knowledge the information provided in this form is true and correct.

Date December 28, 2015

Signature Melvin N. Kaku

## GENERAL INSTRUCTIONS

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

"F" for filer

"SP" for spouse

"DC" for dependent children

"JT" for joint interests of the filer and filer's spouse

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. \$50,000 - \$99,999	I. \$300,000 - \$399,999	M. \$700,000 - \$799,999
B. \$1,000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 - \$499,999	N. \$800,000 - \$899,999
C. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
D. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

☐ None ☐ Additional sheets attached

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
Melvin Kaku	City and County of Honolulu	Director	2006 to present	F
Melvin Kaku	Department of Defense	Civil Engineer	Retiree	E
Melvin Kaku	U.S. Army Reserve Retiree	Engineer	Retiree	C

2. **CREDITORS.** Do not report any debts of less than \$3,000. Do not report debts that arise out of retail installment transactions for the purchase of consumer goods, whatever the amount. Do report a secured obligation such as a home mortgage or a car loan. Do report student loans.

☒ None ☐ Additional sheets attached

Person(s) Incurring Debt	Creditor	Original Loan Amount	Amount Outstanding

3. **OWNERSHIP OR INTERESTS IN BUSINESSES IN THE STATE.** Only report ownerships or beneficial interests having a value of \$5,000 or more or equal to 10% or more of ownership of businesses incorporated, regulated, or licensed to carry on business in Hawaii. Do not report accounts in federal or state regulated financial institutions, mutual insurance policies, or individual items in a mutual fund or blind trust, if the fund or trust is disclosed under this item.

☒ None ☐ Additional sheets attached

Owner(s)	Business Name and Address	Nature of Business	Percentage of Interest	Value of Interest

4. **OWNERSHIP OR INTERESTS TRANSFERRED.** Only report transfers of ownerships or interests in businesses incorporated, regulated, or licensed to carry on business in Hawaii during this past year.

☒ None ☐ Additional sheets attached

Ownership or Interest	Date of Transfer	

5. **FIDUCIARY POSITIONS.** Fiduciary positions include, but are not limited to, officerships, directorships, or positions as trustee in any business or organization, whether or not operated for profit. Fiduciary positions also include being a majority shareholder in a small or closely held corporation. Be sure to report fiduciary positions in non-profit corporations.

☒ None ☐ Additional sheets attached

Position	Holder	Name & Address of Business or Organization	Term of Office	Annual Compensation

6. **CREDITOR INTERESTS IN INSOLVENT BUSINESS** worth \$5,000 or more.

☒ None ☐ Additional sheets attached

Holder	Name & Address of Business	Nature of Business	Value

7. **CLIENTS PERSONALLY REPRESENTED BEFORE CITY AGENCIES.** Only report representation for which you have received compensation during the preceding calendar year. Do not report representation involving ministerial matters. "Ministerial matters" do not require discretionary authority and do not need to be disclosed.

☒ None ☐ Additional sheets attached

Representative	Client	City Agency	Nature of Representation

8. **REAL PROPERTY OWNED.** Only report real property owned. Report the value of the property in any reasonable manner, such as assessed value. You are not required to report the tax map key number and street address for your personal residence or the personal residence of your spouse or dependent children; if you choose not to report the tax map key number and street address, identify instead as "personal residence."

☐ None ☐ Additional sheets attached

Owner(s)	Tax Map Key Number & Street Address	Value	Year Obtained
Melvin and Floy Kaku	TMK: 9-8-063-033 98-1868 Hapaki Street	N	1976

9. **REAL PROPERTY TRANSFERRED.** Only report real property transferred in the City and County of Honolulu during the preceding calendar year. For this item, indicate the actual amount of the transaction, even if it is less than the value (as in the case of a gift). You are not required to report the tax map key number and street address for your personal residence or the personal residence of your spouse or dependent children; if you choose not to report the tax map key number and street address, identify instead as "personal residence."

☒ None ☐ Additional sheets attached

Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key Number & Street Address



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PUBLIC DISCLOSURE FORM**

FOR CALENDAR YEAR 2015

RECEIVED  
CITY CLERK  
OFFICE OF HONOLULU

2015 DEC -7 PM 1:20

PRINT OR TYPE CLEARLY)

NAME Peter J.S. Hirai POSITION/ELECTIVE OFFICE Deputy Director  
DEPARTMENT/AGENCY Emergency Management  
NAME OF SPOUSE none

Check the appropriate box and fill in any applicable dates:

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\_\_\_\_\_. You must file within twenty (20) working days after this date disclosing financial  
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during the preceding calendar year.

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**CANDIDATE STATEMENT:** You must file no later than ten (10) working days after the deadline for filing  
as a candidate for office disclosing interests held during the calendar year preceding the due date of the  
statement.

**VERIFICATION**

I declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1  
through 9, and to the best of my knowledge the information provided in this form is true and correct.

Date December 7, 2015

Signature HIRAI.PETER.JACKSON SHINJI.1179650025

Digitally signed by HIRAI PETER JACKSON  
SHINJI.1179650025  
DN: c=US, o=U.S. Government, ou=DoD, ou=PKO, ou=USA,  
ou=HIRAI PETER JACKSON SHINJI.1179650025  
Date: 2015.12.07 12:44:12 -1000

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☐ None ☐ Additional sheets attached

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F	City	Deputy Director	All year	E
F	U.S. Army Reserves	Civil Affairs Staff Officer, Colonel	All year	D



2. **CREDITORS.** Do not report any debts of less than \$3,000. Do not report debts that arise out of retail installment transactions for the purchase of consumer goods, whatever the amount. Do report a secured obligation such as a home mortgage or a car loan. Do report student loans.

☐ None ☐ Additional sheets attached

Person(s) Incurring Debt	Creditor	Original Loan Amount	Amount Outstanding
F	HawaiiUSA FCU	E	D
F	USAA FSB	C	B

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☐ None ☐ Additional sheets attached

Position	Holder	Name & Address of Business or Organization	Term of Office	Annual Compensation
Secretary	F	Emergency Management Professionals of Hawaii PO Box 22880, Honolulu, 96823	1/1/2015 to 12/31/2015	-0-
Quarter-master	F	Veterans of Foreign Wars Post 1540 PO Box 235960, Honolulu, 96823	9/1/2015 to 12/31/2015	-0-

6. **CREDITOR INTERESTS IN INSOLVENT BUSINESS** worth \$5,000 or more.

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Holder	Name & Address of Business	Nature of Business	Value

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Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key Number & Street Address